

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee To Elect Jeff WeillAddress P.O. Drawer 12753, Jackson, MS 39236Telephone 601-354-4926 Fax 601-354-4947Treasurer Walter Murphy Email wnmurphy2@comcast.net☐ Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
- X June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2009).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 7,000.00 + \$ 2,400.00	\$ 9,400.00	\$ 86,533.37
Total amount of disbursements	\$ 835.31 + \$ 45.50	\$ 880.81	\$ 11,996.29
Total amount of cash on hand		\$ 74,537.08	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Jeff WeillReporting period 5-1-2010 through 5-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Hindman</u>		<u>5 / 6 / 10</u>	\$ 250.00
Mailing Address <u>1 Pecan Tree Place</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> / / </u>	\$
Name of Employer (Required) <u>University Hospital</u>		<u> / / </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Debby Hendrick</u>		<u>5 / 6 / 10</u>	\$ 250.00
Mailing Address <u>1200 Meadowbrook Rd. #29</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>Homemaker</u>		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dick Mason, III</u>		<u>5 / 6 / 10</u>	\$ 500.00
Mailing Address <u>2139 Sheffield Drive</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> / / </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Oil investor</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Neill</u>		<u>5 / 6 / 10</u>	\$ 1,000.00
Mailing Address <u>2266 Lake Circle</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Southern Neurosurgery & Spine</u>		<u> / / </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Elect Jeff WeillReporting period 5-1-2010 through 5-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Carmichael</u>		<u>5 / 12 / 10</u>	\$ 250.00
Mailing Address <u>4730 Old Canton Road</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Information requested</u>		<u> / / </u>	\$
Occupation (Required) <u>Information requested</u>		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robbie Hughes</u>		<u>5 / 18 / 10</u>	\$ 2,000.00
Mailing Address <u>4050 Crane Blvd.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>		<u> / / </u>	\$
Occupation (Required) <u>Homemaker</u>		Aggregate year-to-date	\$ 2,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dudley Hughes</u>		<u>5 / 18 / 10</u>	\$ 2,000.00
Mailing Address <u>2829 Lakeland Drive, Suite 1670</u>		<u> / / </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> / / </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Geologist</u>		Aggregate year-to-date	\$ 2,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reuel May</u>		<u>5 / 26 / 10</u>	\$ 250.00
Mailing Address <u>1836 Crane Ridge Drive, Suite B</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> / / </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u> / / </u>	\$
Occupation (Required) <u>Dentist</u>		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Elect Jeff WeillReporting period 5-1-2010 through 5-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Williamson		<u>5</u> / <u>26</u> / <u>10</u>	\$ 500.00
Mailing Address 755 N. Congress Street		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39202		___ / ___ / ___	\$
Name of Employer (Required) self-employed		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Jeff Weill
 Reporting period 5-1-2010 through 5-31-2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
River Hills Club		
Mailing Address		
3600 Ridgewood Rd.	5 / 3 / 10	\$ 835.31
City, State, Zip Code		
Jackson, MS 39211		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 835.31
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$